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## FACSIMILE TRANSMISSION

DATE: February 24, 2004

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## TO:

USPTO

TELEPHONE:

Non-Fee Amendment

## RE:

Application No. 09/784,793 ✓

FAX:

Filed: 2/15/2001

(703) 872-9306

Examiner: Richard C. Weisberger

Group Art No.: 3624

MESSAGE Enclosed are the following:

1. Transmittal (one page);
2. Response to 12/24/2003 Office Action (five pages);
3. Application Data Sheet (five pages).

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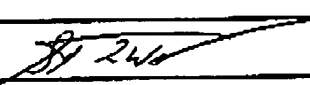
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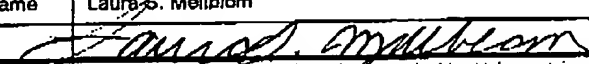
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/784,793; Confirmation No. 2725	
	Filing Date	02/15/2001	
	First Named Inventor	Noel Ray Marchbanks	
	Art Unit	3624	
	Examiner Name	Richard C. Weisberger	
Total Number of Pages in This Submission	10	Attorney Docket Number	1182a

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>APPLICATION DATA SHEET (5 pages)</b>		
<table border="1"><tr><td>Remarks</td><td>It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 210785 for the required fees.</td></tr></table>			Remarks	It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 210785 for the required fees.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name	Steven L. Webb, Reg. 44,395			
Signature				
Date	2/24/04			

CERTIFICATE OF MAILING		
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